

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

CHINIBI

FILING DATE

9/29/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3		2	1			
4		1	1			
5	1		1			
6			1			
7		8	1			
8		8	1			
9		8	1			
10	1		1			
11		1	1			
12		2	1			
13		1	1			
14		1	1			
15		1	1			
16		1	1			
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TOTAL IND.	2		2			
TOTAL DEP.	17	←	15	←		←
TOTAL CLAIMS	17		11			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS